JICK-E1 - Bullying Report Form

JICK-E1 - MSAD # 35 - Bullying Report Form

Date the alleged bullying incident(s) is reported:

Name of complainant/reporter (by law, reports may be anonymous):
_____

Status of reporter: Student Parent School (employee/coach/advisor) Other
_____

Contact information for reporter (if reporter is student, contact information for parent/guardian):

Phone: _____ Cell phone: _____Email: _____

Address: _____

Name of alleged target(s): _____

Name of alleged bully(ies): _____

Relationship between alleged target/bully(ies): _____

Date(s), time(s) and location(s) of alleged incident(s): _____

Names of witnesses: _____

Description of incident(s), including any supporting documentation (use additional pages if more space is needed):

_____
_____
_____
_____
_____
_____
_____
_____

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_____ Date: _____

Signature of complainant/reporter

Received by: _____ Date: _____

Position/title: _____

Copy to building principal: Date: _____

Copy to Superintendent: Date: _____

Cross Reference: ACAA-R – Student Harassment and Sexual Harassment Procedure

JICK – Bullying

JICK-R - Bullying-Administrative Procedure

JRA-R – Student Education Records and Student Information

Policy Adopted: November 1, 2006

Policy Revised: May 15, 2013, March 01, 2017

Policy/Exhibit Reviewed: January 20, 2021; December 20, 2023

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